

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 27, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90203 042 \*\*\*158.75

**DOCUMENT # P97000067334**

1. Entity Name

**COMMERCIAL DEFENSIVE DRIVING SCHOOL, INC.**

Principal Place of Business

8695 COLLEGE PARKWAY  
 SUITE 341  
 FORT MYERS FL 33919

Mailing Address

POB 127  
 FT. MYERS FL 33902  
 US

2. Principal Place of Business

**Inactive**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 127**

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**Ft. Myers, FL**

Zip

Country

Zip

Country

**33902****USA**

4. FEI Number

**65-0784532**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WYATT, SUE G**  
**1323 RIO VISTA**  
**FT. MYERS FL 33901**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
 (See criteria on back)



**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	WYATT, S G	
STREET ADDRESS	1323 Rio Vista	
CITY-ST-ZIP	8695 COLLEGE PARKWAY SUITE 341 FORT MYERS FL 33919	<b>Inactive</b>
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Sue G. Wyatt**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-22-02**

Date

**941-418-0204**

Daytime Phone #

CR2E034 (9/01)